

IT Initiative Supplement

February 25, 2010

I. Project Description

Project Title: HIT (Health Information Technology)

Brief Description of the Project Title: The Department will provide technical consulting services to identify needs of critical access hospitals and to support implementation of HIT, including electronic health records, health information exchanges, connectivity issues related to linking facilities, IT security and HIPAA compliance. Emphasis will be placed on assistance and training for achieving meaningful use requirements as defined by the Office of the National Coordinator for HIT and CMS, and to explore feasibility of sharing HIT infrastructure and staff. The HIT consultant will also coordinate and integrate efforts with DPHHS State Medicaid Health Information Technology Plan, HealthShare Montana (Montana's State Designated Entity for HIE), Mountain Pacific Quality Health (regional extension center for development of HIT), and MHA HIT Task Force.

Statewide Priority: 1

Agency Priority: 1

Estimated Completion Date: 3/11/2011

IT Project Biennium: FY2011

Request Number: FY2010-11

Version:

Agency Number: 6901

Agency Name: Department of Public Health and Human Services

Program Number:

Program Name: Director's Office

A. Type of Project (check all that apply)

Enhancement

Replacement

New ☒

O&M

B. Type of System (check all that apply)

Mid-Tier

Mainframe

GIS

Web

Network

Desktop

II. Narrative

C. Executive Summary

Montana Medicaid and its partners will work to achieve a sound and logical approach to health information exchange that produces the delivery of better health care for Montanans, including enhanced patient safety and improved coordination of care, by promoting the adoption of interoperable electronic health record systems and through the use of health information technologies meeting national standards. This is best accomplished through a public-private partnership, in collaboration with payers, providers, consumers and health information technology partners.

Project Purpose and Objectives:

OBJECTIVE 1 – ASSESSMENT OF THE ‘AS-IS’ HIT LANDSCAPE

Montana Medicaid currently does not have good information on the readiness of providers to participate in an electronic health record environment. Therefore, the first objective in this HIT P-APD is to conduct an ‘As-is’ assessment of providers potentially eligible to receive incentive payments under the ARRA. In addition an assessment will need to be completed of the current and future planned MMIS system capacity to implement the Provider Incentive Payment Program. Montana Medicaid used Medicaid Information Technology Architecture (MITA) in assessing the need for a new MMIS, and thus has an understanding of what is needed in MITA architecture. The MITA concepts, principles and tools will be used to assist in the key planning steps during the planning phase when assessing the current “As-is” HIT Landscape to the desired “To-be” HIT Landscape. This information will be used during the assessment and design for implementation of the Provider Incentive Payment Program. Development of the SMHP will include an analysis of the current and proposed MMIS to determine readiness to assume this work.

OBJECTIVE 2 – DEVELOPMENT OF THE TO-BE HIT LANDSCAPE – THE VISION

Montana Medicaid plans to include in discussion and activities with a variety of stakeholders within the state that include state officials, representatives of the state designated entity—HealthShare Montana, and providers. These activities will enable Medicaid to develop a common vision of how the Medicaid Provider Incentive Payment Program will work in conjunction with the larger statewide HIT plan. The result will be a vision for 2014 that will become the basis for the development of the Roadmap in objective 3.

OBJECTIVE 3 – EHR INCENTIVE PROGRAM DEVELOPMENT PLAN (ROADMAP)

Medicaid will develop a strategic plan on how to move effectively from the ‘As is’ environment to the full implementation of the Medicaid Provider Incentive Payment Program and the State HIT vision for 2014. This roadmap will also include a plan to evaluate

measurable goals for Montana's progress in reaching that vision. An assessment of Montana's current and proposed MMIS system and those systems abilities to accommodate the needs of this program and the vision for 2014 must be completed to know what MMIS changes are necessary for implementation.

OBJECTIVE 4 – SMHP DELIVERABLE

Montana Medicaid will work with its community partners, including Medicare, to design a program that allows Medicaid to efficiently and effectively achieve the following:

- Administer incentive payments to eligible providers and hospitals, including establishing a process to determine eligibility, assure system certification, and create a method to track meaningful use.
- Ongoing oversight of the incentive program including routine quality assurance checks of meaningful use attestations and reporting mechanisms.
- Pursuing initiatives, coordinating with community partners, encouraging the adoption of certified Electronic Health Record (EHR) technology that promotes health care quality, and exchanging of health care information.
- Assure no duplication of effort between Medicaid, CHIP and Medicare.
- Submit an approvable SMHP to Centers for Medicare and Medicaid Services.
- Submit an approvable I-APD to Centers for Medicare and Medicaid to request funding to implement the SMHP.
- Development of an RFP to procure contractor services to implement changes to the MMIS if determined necessary during the planning stage

Technical Implementation Approach:

Project Schedule and Milestones:

Assess Current “As-is” Landscape	
Initial meeting with workgroups on goals and approach	5/14/2010
Develop and approval of assessment tool	7/23/2010
Summary of “As-is” results	10/22/2010
Leadership approval of “As-is” report	11/5/2010
Create HIT “To-be” Vision	
Initial discussion and activities with workgroups	5/14/2010
Draft the vision portion of SMHP	7/2/2010
Update vision based on “As-is” report	11/12/2010
Finalize vision document and get approval	11/26/2010
Leadership approval of "To-be" document	12/10/2010
Develop EHR Incentive Program	
Identify team and organize workgroup	6/4/2010

Define project requirements	10/8/2010
Coordinate with Medicare	On-going
Draft incentive plan with tasks and timelines	12/17/2010
Determine measures for benchmarks	1/14/2011
Revisions for roadmap and sent to key stakeholders	2/18/2011
Leadership approval of roadmap	3/11/2011
Complete SMHP	
Initial discussion and activities with workgroups	8/27/2010
Draft outline of SMHP as possible	9/17/2010
Draft SMHP with CMS guidance and reports from workgroups	9/17/2010
Review Draft with State Designated Entity	10/1/2010
Obtain approval of SMHP	11/5/2010
Submit SMHP to CMS	11/5/2010

D. Business and IT Problems Addressed N/A

E. Alternative(s) N/A

Alternatives Considered:

Rationale for Selection of Particular Alternative:

F. Narrative Detail

III. Costs

G. Estimated Cost of Project:

Estimated Cost of Project	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	Total
1. Personal Services - IT Staff							0
2. Personal Services - Non IT Staff							0
3. Contracted Services	307,000	357,000	0	0	0	0	664,000
4. ITSD Services							0
5. Hardware							0
6. Software							0
7. Telecommunications							0

8.	Maintenance							0
9.	Project Management							0
10.	IV & V							0
11.	Contingency							0
12.	Training							0
13.	Other							0
Total Estimated Costs		307,000	357,000	0	0	0	0	664,000

Total Funding:

IV. Funding

H. Funding

Total Funding

Fund	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	Total
1. 01100	307,000	357,000	0	0	0	0	664,000
2.							0
3.							0
4.							0
5.							0
6.							0
Total Estimated Costs	307,000	357,000	0	0	0	0	664,000

Cash/Bonded:

Bill Number:

V. Cost upon Completion

1. Operating Costs upon Completion

Estimated Cost of Project	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	Total
1. Personal Services - IT Staff							0
2. Personal Services - Non IT Staff							0
3. Contracted Services	307,000	357,000	0	0	0	0	664,000
4. ITSD Services							0
5. Hardware							0
6. Software							0
7. Telecommunications							0
8. Maintenance							0
9. Project Management							0

10. IV & V							0
11. Contingency							0
12. Training							0
13. Other							0
Total Estimated Costs	307,000	357,000	0	0	0	0	664,000

2. Funding Recap

Total Funding

Fund	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	Total
1. 01100	307,000	357,000	0	0	0	0	664,000
2.							0
3.							0
4.							0
5.							0
6.							0
Total Estimated Costs	307,000	357,000	0	0	0	0	664,000

V. Risk Assessment

A. Current IT Infrastructure Risks

1. Current application 10+ years old? __N/A__

Date of last major upgrade?

2. Current application is based on old technology? __ N/A__
If yes, what is the current hardware platform, operating system, and programming languages used to support the application?

3. Is the agency not capable of maintaining the current application with internal technical staff? __N/A__
If yes, who supports the application today?

4. Other IT infrastructure risks? __N/A__
If yes, provide further detail.

B. Current Business Risks

1. What are the risks to the state if the project is not adopted?

2. Does the current application meet current business requirements? _____
If “no”, what specific business functions does the application lack?

C. Project Risk Assessment

1. Describe any major obstacles to successful implementation and discuss how those obstacles will be mitigated.

Table H Risk Assessment

Description	Severity (H/M/L)	Probability of Occurrence (%)	Estimated Cost	Mitigation Strategy